

PHA Plans

Streamlined 5-Year/Annual Version 02

U.S. Department of Housing and
Urban Development
Office of Public and Indian Housing

OMB No. 2577-0226
(exp 05/31/2006)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2005 - 2009 Streamlined Annual Plan for Fiscal Year 2005

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Five-Year PHA Plan Agency Identification

PHA Name: Scott County Housing and Redevelopment Authority
323 South Naumkeag Street – Shakopee, MN 55379

PHA Number: MN184

PHA Fiscal Year Beginning: (mm/yyyy) 01/2005

PHA Programs Administered:

☒ **Public Housing and Section 8** ☐ **Section 8 Only** ☐ **Public Housing Only**

Number of public housing units: 160

Number of S8 units:

Number of public housing units:

Number of S8 units:

241 vouchers

☐ **PHA Consortia: (check box if submitting a joint PHA Plan and complete table)**

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:

(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans and attachments (if any) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ PHA local offices
☐ Main administrative office of the local government
☐ Main administrative office of the County government
☐ Main administrative office of the State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

Streamlined Five-Year PHA Plan

PHA FISCAL YEARS 2005 - 2009

[24 CFR Part 903.12]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☒ The PHA's mission is: (state mission here)

The mission of the Scott County Housing and Redevelopment Authority is to strengthen the communities of Scott County by providing affordable housing opportunities to low and moderate income families, promoting economic development, and fostering coordination of public and private resources.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAs ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- ☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☒ Apply for additional rental vouchers:
100 upon NOFA
 - ☒ Reduce public housing vacancies:
So as not to exceed 3%
 - ☐ Leverage private or other public funds to create additional housing opportunities:
 - ☒ Acquire or build units or developments
300 scattered site family units
 - ☒ Other (list below)
Continue to encourage and promote the private development of Section 42 tax credit multi-family housing units
- ☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: (PHAS score) **to maintain HP rating**

- ☒ Improve voucher management: (SEMAP score) **to maintain HP rating**
- ☒ Increase customer satisfaction:
 - Add full time maintenance technician**
- ☐ Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units:
 - 70 existing units through the Capital Fund Program**
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☒ Other: (list below)
 - Encourage and promote private development of affordable multi-family housing units through the MN Section 42 tax credit program**

- ☒ PHA Goal: Increase assisted housing choices
 - Objectives:
 - ☐ Provide voucher mobility counseling:
 - ☒ Conduct outreach efforts to potential voucher landlords
 - ☐ Increase voucher payment standards
 - ☐ Implement voucher homeownership program:
 - ☒ Implement public housing or other homeownership programs:
 - MHFA Homebuyers Club program, 20 families by 12/31/2009**
 - ☐ Implement public housing site-based waiting lists:
 - ☐ Convert public housing to vouchers:
 - ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- ☒ PHA Goal: Provide an improved living environment
 - Objectives:
 - ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - ☒ Implement public housing security improvements:
 - Resident Police program**
 - ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - ☒ Other: (list below)
 - Tax credit units at 50% of median income and new construction public housing at 30% of median income**

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- ☒ Increase the number and percentage of employed persons in assisted families:
To 50% by 12/31/2009
 - ☒ Provide or attract supportive services to improve assistance recipients' employability:
Workforce Development Center, Scott Family Net
 - ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
Housing Utilization Bridging Services (HUBS) Program
 - ☒ Other: (list below)
**Family Self Sufficiency (FSS) program with escrow account offered to both public housing and Housing Choice Voucher participants.
Full-time FSS Coordinator on staff.**

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- Objectives:
- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - ☒ Other: (list below)
Promote fair housing policies as outlined in both the Public Housing and Housing Choice Voucher policies

Other PHA Goals and Objectives: (list below)

Streamlined Annual PHA Plan

PHA Fiscal Year 2005

[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

<input checked="" type="checkbox"/>	1. Housing Needs	<u>7</u>
<input checked="" type="checkbox"/>	2. Financial Resources	<u>12</u>
<input checked="" type="checkbox"/>	3. Policies on Eligibility, Selection and Admissions	<u>13</u>
<input checked="" type="checkbox"/>	4. Rent Determination Policies	<u>21</u>
<input checked="" type="checkbox"/>	5. Capital Improvements Needs	<u>25</u>
<input checked="" type="checkbox"/>	6. Demolition and Disposition	<u>27</u>
<input checked="" type="checkbox"/>	7. Homeownership	<u>27</u>
<input checked="" type="checkbox"/>	8. Civil Rights Certifications (included with PHA Certifications of Compliance)	<u>28</u>
<input checked="" type="checkbox"/>	9. Additional Information	
	a. PHA Progress on Meeting 5-Year Mission and Goals	<u>28</u>
	b. Criteria for Substantial Deviations and Significant Amendments	<u>29</u>
	c. Other Information Requested by HUD	
	i. Resident Advisory Board Membership and Consultation Process	<u>29</u>
	ii. Resident Membership on the PHA Governing Board	<u>30</u>
	iii. PHA Statement of Consistency with Consolidated Plan	<u>31</u>
	iv. (Reserved)	
<input checked="" type="checkbox"/>	10. Project-Based Voucher Program	<u>32</u>
<input checked="" type="checkbox"/>	11. Supporting Documents Available for Review	<u>32</u>
<input checked="" type="checkbox"/>	12. FY 2005 Capital Fund Program and Capital Fund Program Replacement	
	Housing Factor, Annual Statement/Performance and Evaluation Report	<u>35</u>
<input checked="" type="checkbox"/>	13. Capital Fund Program 5-Year Action Plan	<u>50</u>
<input checked="" type="checkbox"/>	14. Other (List below, providing name for each item)	
	ATTACHMENTS:	
	a. Summary: Changes to ACOP	<u>53</u>
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	d. HRA Board Resolution No. 38-04 Authorizing Approval	
	and Submission of Scott County HRA's Streamlined 5-Year Plan for Fiscal Years	
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B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;

Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.

For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions;

Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.

Executive Summary (optional)

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

The Scott County HRA strongly emphasizes a Family Self Sufficiency (FSS) Program initiative and implementation and preservation of mixed income affordable scattered site elderly and multi-family housing units that meet stringent housing quality standards (HQS).

1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	166		28
Extremely low income <=30% AMI	141	85%	
Very low income (>30% but <=50% AMI)	23	14%	
Low income (>50% but <80% AMI)	2	1%	
Families with children	92	55%	
Elderly families	26	16%	
Families with Disabilities	48	29%	
Race/ethnicity: Hispanic	2	1.1%	
Race/ethnicity: White	89	53.62%	
Race/ethnicity: Black	65	38.99%	
Race/ethnicity: Native Am.	4	2.52%	
Race/ethnicity: Asian	6	3.77%	

Housing Needs of Families on the PHA's Waiting Lists			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	239		64
Extremely low income <=30% AMI	188	79%	
Very low income (>30% but <=50% AMI)	39	16%	
Low income (>50% but <80% AMI)	12	5%	
Families with children	177	74%	
Elderly families	25	10.5%	
Families with Disabilities	37	15.5%	
Race/ethnicity: Hispanic	9	4%	
Race/ethnicity: White	137	57%	
Race/ethnicity: Black	65	27%	
Race/ethnicity: Native Am.	19	8%	
Race/ethnicity: Asian	9	4%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	52	22%	3
2 BR	102	42.5%	16
3 BR	73	30.5%	35
4 BR	8	3%	9
5 BR	2	1%	1
5+ BR	2	1%	0

Housing Needs of Families on the PHA's Waiting Lists	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
If yes:	
How long has it been closed (# of months)? 1 month	
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input checked="" type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	405		92
Extremely low income <=30% AMI	329	81%	
Very low income (>30% but <=50% AMI)	62	15%	
Low income (>50% but <80% AMI)	14	4%	
Families with children	269	66%	
Elderly families	51	13%	
Families with Disabilities	85	21%	
Race/ethnicity: Hispanic	11	2%	
Race/ethnicity: White	226	56%	
Race/ethnicity: Black	130	32%	
Race/ethnicity: Native Am.	23	6%	
Race/ethnicity: Asian	15	4%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	52	22%	3
2 BR	102	43%	16
3 BR	73	31%	35
4 BR	8	3%	9
5 BR	2	1%	1
5+ BR	2	1%	0
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? Public Hsg, 1 month and Section 8, 26 months			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes – Public Hsg only			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

B. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this

strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required **Housing Link**
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Issue 501(c)3 Tax Exempt Revenue Bonds to finance mixed-income housing**
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☒ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☒ Seek designation of public housing for families with disabilities
 - Include handicap units in turnkey developments**
- ☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
 - Install lever locks in senior building**
- ☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
 - In partnership with local CAP agency**
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☐ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
☒ Staffing constraints
☒ Limited availability of sites for assisted housing
☒ Extent to which particular housing needs are met by other organizations in the community
☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
☒ Influence of the housing market on PHA programs
☐ Community priorities regarding housing assistance
☒ Results of consultation with local or state government
Housing Study, Municipalities
☐ Results of consultation with residents and the Resident Advisory Board
☒ Results of consultation with advocacy groups
Housing Coalition
☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.12 (b), 903.7 (c)]

List on the following table the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)		
a) Public Housing Operating Fund	307,000	
b) Public Housing Capital Fund	136,000	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,903,163	
f) Resident Opportunity and Self-Sufficiency Grants	92,865	
g) Community Development Block Grant	0	
h) HOME	0	
Other Federal Grants (list below)		
HCV FSS Program Coordinator	50,500	Section 8 supportive services
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CFP 50103	69,684	PH capital improvements
CFP 50203	13,198	PH capital improvements
3. Public Housing Dwelling Rental Income	336,000	PH operations
4. Other income (list below)		
4. Non-federal sources (list below)		
Tenant charges	44,000	PH operations
Fraud recapture	1,050	Section 8 operations
Port Fees, misc.	3,147	PH/Section 8 operations
Total resources	2,956,607	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.12 (b), 903.7 (b)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☒ When families are within a certain number of being offered a unit: **(20)**
☐ When families are within a certain time of being offered a unit: (state time)
☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission

to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
☒ Rental history
☐ Housekeeping
☐ Other (describe)

- c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
☐ Sub-jurisdictional lists
☐ Site-based waiting lists
☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
☐ PHA development site management office
☐ Other (list below)

c. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to d.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply

at one time? ____

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? ____

4. ☐ Yes ☐ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

d. Site-Based Waiting Lists – Coming Year

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☒ One
- ☐ Two
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
☐ Over-housed
☐ Under-housed
☒ Medical justification
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (state circumstances below)
☐ Other: (list below)

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
☐ Victims of domestic violence
☐ Substandard housing
☐ Homelessness
☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☒ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space

that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

☒ Date and Time **Elderly building only, Public Housing**

Former Federal preferences:

- ☒ **1** Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans’ families
- ☒ **1** Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA’s Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☒ At family request for revision
- ☐ Other (list)

(6) Deconcentration and Income Mixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete. If yes, list these developments on the following table:

Deconcentration Policy for Covered Developments			
Development Name	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- ☒ Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors):
- ☐ Other (list below)
- b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☐ Yes ☒ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☒ Criminal or drug-related activity
- ☒ Other (describe below)

Family's Current Address
Name and Address (if known to the Housing Authority) of the landlord at the family's current and prior address

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☐ None
☒ Federal public housing
☐ Federal moderate rehabilitation
☐ Federal project-based certificate program
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☒ PHA main administrative office
☐ Other (list below)

(3) Search Time

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

Low vacancy rate
Large Family Size
Request Reasonable Accommodation

(4) Admissions Preferences

a. Income targeting

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

☒ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner,

- ☐ Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☒ Other preference(s) (list below)

Public Housing residents who are required to move

Participants in the Bridges Program who reside in Scott County

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

- ☒ **2** Date and Time

Former Federal preferences:

- ☒ **2** Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☒ **1** Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☒ **2** Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☒ **2** Other preference(s) (list below)

Bridges participants
Public Housing residents who are required to move

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☐ Date and time of application
☒ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☒ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☒ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
☒ Briefing sessions and written materials
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices
☒ Other (list below)
 - **Housing Link**
 - **County Social Services**
 - **Agency Referral**
 - **Other Housing Authorities**

4. PHA Rent Determination Policies

[24 CFR Part 903.12(b), 903.7(d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA’s income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one of the following two)

- ☒ The PHA will not employ any discretionary rent-setting policies for income-based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))
- ☐ The PHA employs discretionary policies for determining income-based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
- ☐ \$1-\$25
- ☒ \$26-\$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

Applies only to people who are at the minimum rent

c. Rents set at less than 30% of adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member
- ☐ For increases in earned income
- ☐ Fixed amount (other than general rent-setting policy)
- If yes, state amount/s and circumstances below:

- ☐ Fixed percentage (other than general rent-setting policy)
- If yes, state percentage/s and circumstances below:

- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses

- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☐ Yes for all developments
☐ Yes but only for some developments
☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
☐ For all general occupancy developments (not elderly or disabled or elderly only)
☐ For specified general occupancy developments
☐ For certain parts of developments; e.g., the high-rise portion
☐ For certain size units; e.g., larger bedroom sizes
☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs
☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The "rental value" of the unit
☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
☐ At family option
☒ Any time the family experiences an change in income ~~increase~~ or in family composition
☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
☒ Other (list below)

In accordance with federal regulations

g. ☒ Yes ☐ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year? **FSS escrowing**

(2) Flat Rents

a. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☐ Survey of similar unassisted units in the neighborhood
- ☒ Other (list/describe below)

HUD's published FMRs

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☒ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☒ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☒ Other (list below)

Funding issues have required the PHA to cut costs while serving the same number of families

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families

☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
☒ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

b. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

Per the agency's Section 8 Admin Plan, a hardship exists in the following circumstances:

- a. **When the family has lost eligibility for or is awaiting an eligibility determination for a Federal, State or local assistance program including a family that includes a member who is a noncitizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for title IV of the Personal Responsibility and Work Opportunity Act of 1996;**
- b. **When the family would be evicted because it is unable to pay the minimum rent;**
- c. **When the income of the family has decreased because of changed circumstances, including loss of employment; and**
- d. **When a death has occurred in the family.**

5. Capital Improvement Needs

[24 CFR Part 903.12(b), 903.7 (g)]

Exemptions from Component 5: Section 8 only PHAs are not required to complete this component and may skip to Component 6.

A. Capital Fund Activities

Exemptions from sub-component 5A: PHAs that will not participate in the Capital Fund Program may skip to component 5B. All other PHAs must complete 5A as instructed.

(1) Capital Fund Program

- a. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 12 and 13 of this template (Capital Fund Program tables). If no, skip to B.
- b. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 5B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

(1) Hope VI Revitalization

- a. ☐ Yes ☒ No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below for each grant, copying and completing as many times as necessary)
- b. Status of HOPE VI revitalization grant (complete one set of questions for each grant)
Development name:
Development (project) number:
Status of grant: (select the statement that best describes the current status)
☐ Revitalization Plan under development
☐ Revitalization Plan submitted, pending approval
☐ Revitalization Plan approved
☐ Activities pursuant to an approved Revitalization Plan underway
- c. ☐ Yes ☐ No: Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name/s below:
- d. ☐ Yes ☐ No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
- e. ☐ Yes ☐ No: Will the PHA be conducting any other public housing development or

replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

6. Demolition and Disposition

[24 CFR Part 903.12(b), 903.7 (h)]

Applicability of component 6: Section 8 only PHAs are not required to complete this section.

- a. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI) of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If “No”, skip to component 7; if “yes”, complete one activity description for each development on the following chart.)

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

7. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program

[24 CFR Part 903.12(b), 903.7(k)(1)(i)]

- (1) ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to the next component; if “yes”, complete each program description below (copy and complete questions for each program identified.)

(2) Program Description

a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the Section 8

homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year? ____

b. PHA established eligibility criteria

☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria below:

c. What actions will the PHA undertake to implement the program this year (list)?

(3) Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- a. ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- b. ☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- c. ☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below).
- d. ☐ Demonstrating that it has other relevant experience (list experience below).

8. Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the *PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans*, which is submitted to the Field Office in hard copy—see Table of Contents.

9. Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2000 - 2004.)

- **Scott County HRA has more than doubled our public housing stock from 70 to 160 units**

- **Scott County HRA has added 50 more housing choice vouchers, which represents a 25% growth in the program**
- **Scott County HRA's Housing Choice Voucher program has gone from being under utilized to fully utilized**
- **Scott County HRA received High Performer status for both Public Housing and Housing Choice Voucher programs**

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

a. Substantial Deviation from the 5-Year Plan

When a decision is made by the Board of Commissioners to change the PHA's mission statement goals or objective that are identified herein.

b. Significant Amendment or Modification to the Annual Plan

Changes in the plans for policies of the PHA that affect the residents or have a significant impact to the PHA's financial situation and require formal approval by the Board of Commissioners.

C. Other Information

[24 CFR Part 903.13, 903.15]

(1) Resident Advisory Board Recommendations

- a. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

The Scott County HRA held its RAB meeting on Tuesday, September 28, 2004. Four staff members and three RAB members attended. RAB members had no comments or suggestions.

If yes, provide the comments below:

- a. In what manner did the PHA address those comments? (select all that apply)
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
 - ☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:
 - ☐ Other: (list below)

(2) Resident Membership on PHA Governing Board

The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E.

a. Does the PHA governing board include at least one member who is directly assisted by the PHA this year?

☐ Yes ☒ No:

If yes, complete the following:

Name of Resident Member of the PHA Governing Board:

Method of Selection:

☐ Appointment

The term of appointment is (include the date term expires):

☐ Election by Residents (if checked, complete next section--Description of Resident Election Process)

Description of Resident Election Process

Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

b. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☒ The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☐ Other (explain):

Date of next term expiration of a governing board member: **12/31/2004**

Name and title of appointing official(s) for governing board (indicate appointing official for the next available position):

Jerry Hennen, Scott County Commissioner (District III)

(3) PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

Consolidated Plan jurisdiction: (provide name here)

**FY2002-2006 State of Minnesota Consolidated Plan for Housing and Community Development (as amended)
Prepared for State of Minnesota; Department of Trade and Economic Development; Minnesota Housing Finance Agency; and Department of Children, Families and Learning**

a. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply):

- ☐ The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)

b. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**Certification by the State of Minnesota of PHA Plan consistency with the MN Housing and Community Development Consolidated Plan
[on file at PHA]**

(4) (Reserved)

Use this section to provide any additional information requested by HUD.

10. Project-Based Voucher Program

a. ☐ Yes ☒ No: Does the PHA plan to “project-base” any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions. **Not beyond existing five (5).**

b. ☐ Yes ☐ No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option?

If yes, check which circumstances apply:

- ☐ Low utilization rate for vouchers due to lack of suitable rental units
☐ Access to neighborhoods outside of high poverty areas
☐ Other (describe below:)

c. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans.</i>	Standard 5 Year and Annual Plans; streamlined 5 Year Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP),	Annual Plan: Eligibility,

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Consortium agreement(s).	Annual Plan: Agency Identification and Operations/ Management
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans). 50 UNITS MHOP	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information	Annual Plan: Voluntary

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	required by HUD for Voluntary Conversion.	Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia
	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia
	Other supporting documents (optional). List individually.	(Specify as needed)

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program Grant No: MN46P18450105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	27,200			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	51,800			
10	1460 Dwelling Structures	57,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	136,000			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program Grant No: MN46P18450105 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	Lump sum	27,200				
MN46P184001	Replace sidewalks at Inglewood	1450	Lump sum	13,800				
MN46P184001	Replace driveway at Inglewood	1450	Lump sum	19,000				
MN46P184001	Replace kitchen/bathroom cabinets	1460	8	24,000				
MN46P184001	Replace exterior lighting	1450		13,000				
MN46P184002	Remove paper/paint hallways at Prior Manor	1460	Lump Sum	15,000				
MN46P184002	Replace windows at Jordan	1460	25	12,000				
MN46P184002	Landscaping	1450	Lump sum	6,000				
MN46P184007	Dedicate electrical service to units	1460	2	6,000				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program Grant No: MN46P18450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-04 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Rev 2 approved 5/14/04	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	24,800.00		24,800.00	24,800.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	4,200.00		4,200.00	4,200.00
10	1460 Dwelling Structures	87,494.78		87,494.78	62,060.61
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	20,036.22		20,036.22	20,036.22
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	136,531.00		136,531.00	111,096.83
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quant ity	Total Estimated Cost		Total Actual Cost		Status of Work
				Rev 2 Appd 5/14/04	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	Lump sum	24,800.00		24,800.00	24,800.00	Completed
HA-Wide	Maintenance Garage	1470	Lump sum	20,036.22		20,036.22	20,036.22	Completed
MN46P184001	Replace roof & fireproof garage at Prior Lake 4-plex	1460	4 units	16,540.50		16,540.50	10,518.00	
MN46P184001	Rehab unit(s) – carpet, paint, repairs, appliances at PL 4-plex	1460	1 unit	7,690.87		7,690.87	7,690.87	Completed
MN46P184001	Driveway at Prior Lake 4-plex	1450	Lump sum	4,200.00		4,200.00	4,200.00	Completed
MN46P184002	Install Handicap Entrance @ Prior Manor	1460	Lump sum	19,411.67		19,411.67		
MN46P184002	Install HVAC at Jordan	1460	14 units	42,113.56		42,113.56	42,113.56	Completed
MN46P184002	Replace kitchen cabinets at Jordan	1460	1 unit	1,738.18		1,738.18	1,738.18	Completed

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program Grant No: MN46P18450103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2004 Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Rev 1-Appd 10/29/03	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	24,000.00	24,000.00	24,000.00	24,000.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	30,200.00	30,200.00		
10	1460 Dwelling Structures	66,213.00	52,228.87	25,022.62	23,372.62
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures		13,984.13		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	120,413.00	120,413.00	49,022.62	47,372.62
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Rev 2- Appd 10/29/03	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	Lump Sum	24,000	24,000	24,000	24,000	Completed
MN46P184001	Resurface stucco at Inglewood	1460	12	17,000	17,000.00			
MN46P184001	Replace 20 entry doors at Inglewood	1460	12	10,000	6,121.55	4,121.55	4,121.55	
MN46P184001	Replace 12 garage doors/add openers at Inglewood	1470	12	9,500	13,984.13			
MN46P184001	Replace 16 windows at PL 4-plex	1460	16	10,000	9,206.25	7,500.00	5,850.00	
MN46P184002	Rehab unit at Jordan	1460	1	13,213	13,401.07	13,401.07	13,401.07	
MN46P184002	Replace sidewalks & driveways at Jordan	1450	14	30,200	30,200.00			
MN46P184002	Replace kitchen cabinets	1460	1-2	4,500	4,500.00			
MN46P184010	Install storm doors – Bluff	1460	9	2,000	2,000.00			

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program No: MN46P18450103 Replacement Housing Factor No:					Federal FY of Grant: 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	9/16/2005			9/16/2007			
MN46P184001	9/16/2005			9/16/2007			
MN46P184002	9/16/2005			9/16/2007			
MN46P184010	9/16/2005			9/16/2007			

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program Grant No: MN46P18450203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2004 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	7,000.00	7,000	7,000	5,880
10	1460 Dwelling Structures	14,800.00	16,998	3,800	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	2,198.00			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	23,998.00	23,998		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

[illegible]

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program Grant No: MN46P18450104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2004 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Rev 1-Appd 10/06/04	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	24,360			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	148,843			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	173,203			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Scott County HRA		Grant Type and Number Capital Fund Program Grant No: MN46P18450104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Rev 1- Appd 10/06/04	Revised	Funds Obligated	Funds Expended	
HA-wide	Operations	1406	1	24,360				
MN46P184001	Replace driveway at Inglewood	1450	Lump sum	0				
MN46P184001	Replace electrical panels at Inglewood	1460	16	20,000				
MN46P184001	Replace windows at Prior Manor	1460	80	63,203				
MN46P184002	Replace kitchen/bathroom cabinets at Jordan	1460	14	42,000				
MN46P184002	Resurface stucco at Jordan	1460	Lump sum	23,640				

12. Capital Fund Program and Capital Fund Program Replacement Housing Factor Annual Statement/Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Scott County HRA				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 2005	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2006	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2007	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2008
	Annual Statement				
HA Wide		27,200	27,200	27,200	27,200
MN184P184001		10,200	22,000	10,000	
MN184P184002		78,200	18,000	10,000	
MN184P184003			10,000		
MN184P184004			10,000		68,800
MN184P184005				10,000	
MN184P184006				10,000	
MN184P184007		10,200	24,000	68,800	40,000
MN184P184008		10,200	24,800		
MN184P184009					
MN184P184010					
CFP Funds Listed for 5-year planning		136,000	136,000	136,000	136,000
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : <u> 2 </u> FFY Grant: 2006 PHA FY: 2007			Activities for Year: <u> 3 </u> FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA Wide	Operations	27,200	HA Wide	Operations	27,200
Annual	MN46P184001	Rehab	10,200	MN46P184001	Rehab	10,000
Statement	MN46P184002	Washers/Dryers	12,000	MN46P184001	Install HVAC	12,000
	MN46P184002	Replace Windows	56,000	MN46P184002	Rehab	10,000
	MN46P184002	Replace garage doors	10,200	MN46P184002	Black top/sealcoat	8,000
	MN46P184007	Rehab	10,200	MN46P184007	Rehab	10,000
	MN46P184008	Roof	10,200	MN46P184007	Replace siding	14,000
				MN46P184008	Rehab	19,800
				MN46P184008	Black top/Sealcoat	5,000
				MN46P184003	Rehab	10,000
				MN46P184004	Rehab	10,000
Total CFP Estimated Cost			\$136,000			\$136,000

13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part II: Supporting Pages—Work Activities					
Activities for Year : <u>4</u> FFY Grant: 2008 PHA FY: 2009			Activities for Year: <u>5</u> FFY Grant: 2009 PHA FY: 2010		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA Wide	Operations	27,200	HA Wide	Operations	27,200
MN46P184001	Rehab	10,000	MN46P184004	Replace windows	68,800
MN46P184002	Rehab	10,000	MN46P184007	Install HVAC	40,000
MN46P184005	Rehab	10,000			
MN46P184006	Rehab	10,000			
MN46P184007	Exterior repair-roofs, siding, driveway	68,800			
Total CFP Estimated Cost		\$136,000			\$136,000

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Revision Date Noted

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Updated

2.0 REASONABLE ACCOMMODATION

2.2 *Questions To Ask In Granting The Accommodation*

- D. Generally the individual knows best what it is he or she needs; however, the SCOTT COUNTY Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the SCOTT COUNTY Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the SCOTT COUNTY Housing Authority's programs and services, the SCOTT COUNTY Housing Authority retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests, including requests for physical modifications, will be borne by the SCOTT COUNTY Housing Authority if there is no one else willing to pay for the modifications. If another party pays for the modification, the SCOTT COUNTY Housing Authority will seek to have the same entity pay for any restoration costs.

If the tenant requests as a reasonable accommodation that they be permitted to make physical modifications at their own expense, the SCOTT COUNTY Housing Authority will generally approve such request if it does not violate codes or ~~affect the structural integrity~~ *substantially change the structure* of the unit.

Any request for an accommodation that would enable a tenant to materially violate essential lease terms will not be approved, i.e., allowing nonpayment of rent, destruction of property, disturbing the peaceful enjoyment of others, etc.

7.0 TAKING APPLICATIONS

Families wishing to apply for the Public Housing Program will be required to complete an application for housing assistance. Applications will be accepted ~~during regular business hours~~ *when the waiting list is open* at:

**323 South Naumkeag Street
Shakopee, MN 55379**

Applications are taken to compile a waiting list. Due to the demand for housing in the SCOTT COUNTY Housing Authority jurisdiction, the SCOTT COUNTY Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.

Completed applications will be accepted for all applicants and the SCOTT COUNTY Housing Authority will verify the information.

*When the waiting list is open, applications ~~may~~ must be made in person on **Monday – Friday, 8:00 AM – 4:30 PM. 8:30 AM – 4:00 PM.** Persons with disabilities who require a reasonable accommodation in completing an application may call the SCOTT COUNTY Housing Authority to make special arrangements. Applications will be mailed to interested families *who are unable to appear in person due to a disability* upon request.*

The completed application will be dated and time stamped upon its return to the SCOTT COUNTY Housing Authority.

~~Persons with disabilities who require a reasonable accommodation in completing an application may call the SCOTT COUNTY Housing Authority to make special arrangements.~~ [verbiage inserted verbatim into second previous paragraph]

The application process will involve two phases. The first phase is the initial application for housing assistance or the pre-application. The pre-application requires the family to provide limited basic information (i.e. family composition, income, etc.) establishing any preferences to which they may be entitled. This first phase results in an apparently eligible family's placement on the waiting list. *Initial placement on the waiting list will be determined by the lottery method.*

Upon receipt of the family's pre-application, the SCOTT COUNTY Housing Authority will make a preliminary determination of eligibility. The SCOTT COUNTY Housing Authority will notify ~~an apparently eligible~~ a family in writing of *apparent eligibility. the date and time of placement on the waiting list, and the approximate wait before housing may be offered.* If the SCOTT COUNTY Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and will offer the family the opportunity of an informal review of the determination.

The applicant ~~may~~ must at any time report changes in their applicant status *in writing* including *address changes*, changes in family composition, income, or preference factors. The SCOTT COUNTY Housing Authority will annotate the applicant's file and will update their place on the waiting list. Confirmation of the changes will be made in writing.

The second phase is the final determination of eligibility, referred to as the full application. The full application takes place when the family nears the top of the waiting list. The SCOTT COUNTY Housing Authority will ensure that verification of all preferences, eligibility, suitability and selection factors are current (less than 90 calendar days old) in order to determine the family's final eligibility for admission into the Public Housing Program.

8.0 ELIGIBILITY FOR ADMISSION

8.2 Eligibility Criteria

- A. Family Status
[Items 1-6 are unchanged]

~~7. A single person who is not an elderly or displaced person, a person with disabilities, or the remaining member of a tenant family.~~

- B. Income Eligibility

6. The SCOTT COUNTY Housing Authority may allow police officers who would not otherwise be eligible for occupancy in public housing to reside in a public housing

dwelling unit. Such occupancy must be needed to increase security for public housing residents. Their rent shall at least equal the cost of operating the public housing unit. *The SCOTT COUNTY Housing Authority has designated two (2) units for occupancy in this manner: 1352 Norway Trail and 13720 Inglewood Avenue.*

E. Signing Consent Forms

2. The consent form must contain, at a minimum, the following:

- c. A provision authorizing HUD *or the SCOTT COUNTY Housing Authority* to request income information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the family's eligibility or level of benefits;

8.3 Suitability

B. The SCOTT COUNTY Housing Authority will consider objective and reasonable aspects of the family's background, including the following:

1. History of meeting financial obligations, especially rent and any utility payments;
2. Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other tenants;
3. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related ~~criminal~~ *illegal* activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
4. History of disturbing neighbors or destruction of property;
5. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from; and
6. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.

8.4 Grounds For Denial

The SCOTT COUNTY Housing Authority is not required or obligated to assist families where applicants or members of the applicant's household:

- A. Do not meet any one or more of the eligibility criteria;
- B. Do not supply information or documentation required by the application process;
- C. Have failed to respond to a written request for information or a request to declare their continued interest in the program;
- D. Have a history of not meeting financial obligations, especially rent;

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- E. Do not have the ability to maintain (with assistance) their housing in a decent and safe condition where such habits could adversely affect the health, safety, or welfare of other tenants;
- F. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related ~~criminal~~ *illegal* activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
- G. Have a history of disturbing neighbors or destruction of property;
- H. Currently owes rent or other amounts to any housing authority in connection with their public housing or Section 8 programs;
- I. Have committed fraud, bribery or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;
- J. Were evicted from federally assisted housing within the past three years because of drug-related ~~criminal~~ *illegal* activity. The three year limit is based on the date of such eviction, not the date the crime was committed.

However, the SCOTT COUNTY Housing Authority may admit the household if the PHA determines:

- 1. The evicted household member who engaged in drug-related ~~criminal~~ *illegal* activity has successfully completed a supervised drug rehabilitation program approved by the SCOTT COUNTY Housing Authority; or
 - 2. The circumstances leading to the eviction no longer exist (for example, the criminal household member is imprisoned or has died).
- K. Are currently engaging in the illegal use of a controlled substance. For purposes of this section, a member is “currently engaged in” the ~~criminal~~ *illegal* activity if the person has engaged in this behavior recently enough to justify a reasonable belief that the behavior is current);
 - L. The SCOTT COUNTY Housing Authority determines that it has reasonable cause to believe that a household member’s illegal use or pattern of illegal use of a drug may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents;
 - M. The SCOTT COUNTY Housing Authority determines that it has reasonable cause to believe that a household member’s abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents;
- With respect to criminal *and/or illegal* activity described in paragraphs J, K, L, and M of this Section, SCOTT COUNTY Housing Authority may require an applicant to exclude a household member in order to be admitted to public housing where that household member has participated in or been culpable for actions described in paragraphs J, K, L, and M that warrants denial.
- N. Have engaged in or threatened abusive or violent behavior towards any SCOTT COUNTY Housing Authority staff member or resident;
 - O. Fugitive felons, parole violators, and persons fleeing to avoid prosecution or custody or confinement after conviction for a crime, or attempt to commit a crime, that is a felony under the

laws of the place from which the individual flees;

- P. **Denied for Life:** If any family member has been convicted of manufacturing or producing methamphetamine (speed) in a public housing development, in a Section 8 assisted property, or on the premises of other federally assisted housing;
- Q. **Denied for Life:** Has a lifetime registration under a State sex offender registration program.

In determining whether to deny admission for illegal drug use by a household member who is no longer engaging in such abuse, or for abuse or a pattern of abuse of alcohol by a household member who is no longer engaging in such abuse, the SCOTT COUNTY Housing Authority may consider whether such household member:

1. Is participating in a supervised drug or alcohol rehabilitation program;
2. Has successfully completed a supervised drug or alcohol rehabilitation program; or
3. Has otherwise been successfully rehabilitated.

For this purpose, SCOTT COUNTY Housing Authority will require the applicant to submit evidence of the household member's current participation in, or successful completion of, a supervised drug or alcohol rehabilitation program or evidence of otherwise having been rehabilitated successfully.

9.0 MANAGING THE WAITING LIST

9.2 *Organization of the Waiting List*

The waiting list will be maintained in accordance with the following guidelines:

- A. The application will be a permanent file;
- B. All applications will be maintained in order of bedroom size, preference, and then ~~in order of date and time of application~~ *placed on the list by way of the lottery method*; and
- C. Any contact between the SCOTT COUNTY Housing Authority and the applicant will be documented in the applicant file.

9.5 *Removal of Applicants From the Waiting List*

The SCOTT COUNTY Housing Authority will not remove an applicant's name from the waiting list unless:

- A. The applicant requests in writing that the name be removed;
- B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program;
- C. The applicant does not meet either the eligibility or suitability criteria for the program; ~~or~~
- D. The applicant is housed; *or*

E. The applicant rejects a unit offered without good cause.

9.7 Notification of Negative Actions

Any applicant whose name is being removed from the waiting list will be notified by the SCOTT COUNTY Housing Authority, in writing, that they have ten (10) business days from the date of the written correspondence to present mitigating circumstances or request in writing an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The SCOTT COUNTY Housing Authority system of removing applicant names from the waiting list will not violate the rights of persons with disabilities. If an applicant claims that their failure to respond to a request for information or updates was caused by a disability, the SCOTT COUNTY Housing Authority will verify that there is in fact a disability and the disability caused the failure to respond, and will provide a reasonable accommodation. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on ~~the date and time of the original application~~ *their original waiting list placement.*

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 Preferences

The SCOTT COUNTY Housing Authority will select families based on the following preferences within each bedroom size category based on our local housing needs and priorities:

- A. Applicants with an adult family member who either lives or works or has been hired to work in the (county or municipality) of the SCOTT COUNTY Housing Authority. The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.
- B. Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.

~~C. Applicants with an adult family member enrolled in an employment training program, currently working twenty (20) hours a week, or attending school on a full time basis. This preference is also extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.~~

~~D. C.~~ All other applicants.

Based on the above preferences, all families in preference A will be offered housing before any families in preference B, preference B families will be offered housing before any families in preference C, ~~and preference C families will be offered housing before any families in preference D.~~

~~The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.~~

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled (Mixed Population Developments): Preference will be

given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies or requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30 calendar day notice.

10.4 ~~Deconcentration Policy~~ RESERVED

~~It is the SCOTT COUNTY Housing Authority's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.~~

~~The SCOTT COUNTY Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.~~

~~Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement.~~

10.5 ~~Deconcentration Incentives~~ RESERVED

~~The SCOTT COUNTY Housing Authority may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.~~

~~Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.~~

10.6 Offer of a Unit

When the SCOTT COUNTY Housing Authority discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the ~~deconcentration goal and/or the~~ income targeting goal.

The SCOTT COUNTY Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given five (5) business days from the date the family was contacted by telephone or from the date the letter was mailed to contact the SCOTT COUNTY Housing Authority regarding the offer.

The family will be offered the opportunity to view the unit. The family will have two (2) business days to view and accept or reject the unit. This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the SCOTT COUNTY Housing Authority will send the

family a letter documenting the offer and the rejection.

10.7 Rejection of Unit

~~If in making the offer to the family the SCOTT COUNTY Housing Authority skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.~~

~~If the SCOTT COUNTY Housing Authority did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and~~

~~If the family rejects the unit without good cause, the family will forfeit their application's date and time placement on the waiting list. The and the family will keep their preferences, but the date and time of application will be changed to the date and time the unit was rejected be dropped from the waiting list.~~

If the family rejects with good cause any unit offered, they will not lose their place on the waiting list. Good cause includes, among other things, reasons related to health, proximity to work, school, and childcare (for those working or going to school). The family will be offered the right to an informal review of the decision to alter their application status.

10.8 Acceptance of Unit

The family will be required to sign a lease that will become effective no later than three (3) business days after the date of acceptance or the business day after the day the unit becomes available, whichever is later.

Prior to signing the lease, all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation when they are initially accepted for occupancy. The family will not be housed if they have not attended the orientation. Applicants who provide prior notice of an inability to attend the orientation will be rescheduled. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, the current schedule of routine maintenance charges, and a request for reasonable accommodation form. These documents will be explained in detail. The applicant will sign a certification that they have received these documents and that they have reviewed them with Housing Authority personnel. The certification will be filed in the tenant's file.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the SCOTT COUNTY Housing Authority will retain the original executed lease in the tenant's file. A copy of the grievance procedure will be attached to the resident's copy of the lease.

The family will pay a security deposit at the time of lease signing. The security deposit will be \$250.00.

In exceptional situations, the SCOTT COUNTY Housing Authority reserves the right to allow a new resident to pay their security deposit in up to three (3) payments. One-third shall be paid in advance, one-third with their second rent payment, and one-third with their third rent payment. This shall be at the sole discretion of the Housing Authority.

In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. ~~Additionally, if the security deposit for the second unit is greater than that for the first, the~~

~~difference will be collected from the family. Conversely, if the security deposit is less, the difference will be refunded to the family.~~

In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

11.0 INCOME, EXCLUSIONS, AND DEDUCTIONS FROM INCOME

11.1 *Annual Income [title change only]*

11.2 ~~Annual Income Exclusions [title change]~~

H. The amounts received from the following programs:

10. The incremental earnings due to employment during a cumulative 12-month period following date of the initial hire shall be excluded. This exclusion (~~paragraph 11~~) will not apply for any family who concurrently is eligible ~~for exclusion #10~~. Additionally, this exclusion is only available to the following families:

[balance of section is unchanged]

14. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits. These exclusions include:

[exclusions a through r unchanged]

- s. Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931); ~~and~~

- t. *The \$600.00 transitional assistance subsidy, for applicants and tenants enrolled in the Medicare transitional assistance program, effective the date of receiving the benefits and any negotiated drug discounts received pursuant to the Medicare prescription drug discount card.*

11.3 *Deductions from annual income*

C. The sum of the following, to the extent the sum exceeds three percent of annual income:

1. Unreimbursed medical expenses of any elderly family or disabled family; and
2. Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed, but this allowance may not exceed the earned income received by family members who are 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus; ~~and~~
3. *The Medicare assistance provided for the cost of drugs pursuant to prescription drug discount cards, negotiated drug price, or transitional assistance subsidies.*

12.0 VERIFICATION

[no change in introductory paragraph]

12.1 Acceptable Methods of Verification

Age, relationship, U.S. citizenship, and Social Security numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or, for citizenship, documentation such as listed below will be required.) Verification of these items will include photocopies of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by *the following five verification methods acceptable to HUD, in the order of preference indicated: ~~third party verification. This type of verification includes written documentation with forms sent directly to and received directly by a source, not passed through the hands of the family. This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the SCOTT COUNTY Housing Authority or automatically by another government agency, i.e., the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e., name, date of contact, amount received, etc.~~*

~~When third party verification cannot be obtained, the SCOTT COUNTY Housing Authority will accept documentation received from the applicant/tenant. Hand-carried documentation will be accepted if the SCOTT COUNTY Housing Authority has been unable to obtain third party verification in a 4-week period of time. Photocopies of the documents provided by the family will be maintained in the file.~~

~~When neither third party verification nor hand-carried verification can be obtained, the SCOTT COUNTY Housing Authority will accept a notarized statement signed by the head, spouse or co-head. Such documents will be maintained in the file.~~

1. Up-front Income Verifications (UIV)

UIV is the verification of income through an independent source that systematically maintains income information in computerized form for a large number of individuals.

Current UIV resources include the following:

- a. Tenant Assessment Subsystem (TASS) – HUD's online system for Social Security (SS) and Supplemental Security Income (SSI) information.*
- b. State Wage Information Collection Agencies (SWICAs)*
- c. State systems for the Temporary Assistance for Needy Families (TANF) program*
- d. Credit Bureau Information (CBA) credit reports*
- e. Internal Revenue Service (IRS) Letter 1722*
- f. Private sector databases (e.g. The Work Number)*

The SCOTT COUNTY Housing Authority will use additional UIV resources as they become available.

It is important to note that UIV data will only be used to verify an applicant or resident's eligibility for participation in a rental assistance program and to determine the level of assistance the resident is entitled to receive and only by properly trained persons whose duties require access to this information. Any other use, unless approved by the HUD Headquarters UIV Security System Administrator, is specifically prohibited and will not occur.

No adverse action can be taken against a resident until the SCOTT COUNTY Housing Authority has independently verified the UIV information and the resident has been granted an opportunity to contest any adverse findings through the established grievance procedure.

Furthermore, the information the SCOTT COUNTY Housing Authority derives from the UIV system will be protected to ensure that it is utilized solely for official purposes and not disclosed in any way that would violate the privacy of the affected individuals.

Once the data has served its purpose, it shall be destroyed by either burning or shredding the data.

2. Third –Party Written Verifications

This type of verification includes written documentation, with forms sent directly to and received directly from a source, not passed through the hands of the family. It may also be a report generated automatically by another government agency, i.e., Department of Welfare, Veterans Administration, etc.

Third-party written verifications may also be used to supplement Up-front Income Verifications.

Third party verification of SS and SSI benefits shall be obtained from HUD's on-line system (Tenant Assessment Subsystem –TASS). If TASS is not available or not current, then verification shall be obtained directly from the SSA. If either of these forms is not obtainable, then the file shall be documented as to why third party verification was not used.

The SCOTT COUNTY Housing Authority will allow four (4) weeks for the return of third party written verifications prior to continuing on to the next type of verification.

3. Third-Party Oral Verifications

This type of verification includes direct contact with the source, in person or by telephone. When this method is used, staff members will be required to document in writing with whom they spoke, the date of the conversation and the facts obtained.

The SCOTT COUNTY Housing Authority will allow five (5) business days for the return of third party oral verifications prior to continuing on to the next type of verification.

4. Review of Documents

When UIV, written and oral third party verifications are not available within the four (4) week and five (5) business days period allowed in paragraphs 2 and 3 above, the Housing Authority will use the information received by the family, provided that the documents provide complete information. Photocopies of the documents, excluding government checks, provided by the family will be maintained in the file. In cases in which documents are viewed and cannot be

photocopied, staff reviewing the documents will complete a written statement as to the contents of the document(s).

5. Self-Certification and Self-Declaration

When UIV, written and oral third party verifications are not available within the four (4) week and five (5) business days period allowed in paragraphs 2 and 3 above, and hand-carried verification cannot be obtained, the Housing Authority will accept a statement detailing information needed, signed by the head, spouse, co-head, or other adult family member.

Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name, date of contact, amount received, etc.

When any verification method other than Up-Front Income Verification is utilized, the SCOTT COUNTY Housing Authority will document the reason for the choice of the verification methodology in the applicant/resident's file.

13.0 DETERMINATION OF TOTAL TENANT PAYMENT AND TENANT RENT

13.2 The Income Method

- D. The minimum rent of **\$50.00**.

13.3 Minimum Rent

The SCOTT COUNTY Housing Authority has set the minimum rent at **\$50.00**. If the family requests a hardship exemption, however, the SCOTT COUNTY Housing Authority will suspend the minimum rent beginning the month following the family's request until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

[balance of section unchanged]

13.5 ~~Ceiling Rent [Delete If No Ceilings Rents As Of 10/1/99] RESERVED~~

~~The SCOTT COUNTY Housing Authority has set a ceiling rent for each public housing unit prior to October 1, 1999. The amount of the ceiling rent will be reevaluated annually and the adjustments applied. Affected families will be given a 30 day notice of any rent change. Adjustments are applied on the anniversary date for each affected family.~~

~~The SCOTT COUNTY Housing Authority will post the ceiling rents at each of the developments and at the central office. Ceiling rents are incorporated in this policy upon approval by the Board of Commissioners.~~

13.7 Utility allowance

The SCOTT COUNTY Housing Authority shall establish a utility allowance for all check-metered utilities and for all tenant-paid utilities. The allowance will be based on a reasonable consumption of utilities by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary,

and healthful environment. In setting the allowance, the SCOTT COUNTY Housing Authority will review the actual consumption of tenant families as well as changes made or anticipated due to modernization (weatherization efforts, installation of energy-efficient appliances, etc). Allowances will be evaluated at least annually as well as any time utility rate changes by 10% or more since the last revision to the allowances.

In cases where it is not possible for the SCOTT COUNTY Housing Authority to meter the utilities, the Housing Authority will pay for the utilities and the tenant will not receive a utility allowance.

The utility allowance will be subtracted from the family's income-based rent to determine the amount of the Tenant Rent. The Tenant Rent is the amount the family owes each month to the SCOTT COUNTY Housing Authority. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the allowance is the responsibility of the tenant. Any savings resulting from utility costs below the amount of the allowance belongs to the tenant.

If the household utility allowance is greater than the tenant rent, the household shall be reimbursed the excess amount. This process is called a Utility Reimbursement Payment (URP).

[balance of section unchanged]

13.8 Paying Rent

Rent and other charges are due and payable on the first day of the month. All rents should be paid at 323 South Naumkeag Street – Shakopee, MN 55379. Reasonable accommodations for this requirement will be made for persons with disabilities. As a safety measure, no cash shall be accepted as a rent payment. *If a check is returned for insufficient funds, all future payments must be made with cashier's check or money order.*

If the rent is not paid by the **fifth** of the month, ~~a Notice to Vacate will be issued to the tenant. In addition,~~ a \$25 late charge will be assessed to the tenant, *and a Notice of Adverse Action will be sent and the tenant will have 14 days to cure.* If rent is paid by a personal check and the check is returned for insufficient funds, this shall be considered a non-payment of rent and will incur the late charge plus an additional charge of \$20 for bank charges and/or processing costs.

15.0 RECERTIFICATIONS

At least annually, the SCOTT COUNTY Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family is housed in the correct unit size. *This process will include obtaining verification of all information needed to calculate the rent amount.*

15.1 General

The SCOTT COUNTY Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination *and instructing them to call the SCOTT COUNTY Housing Authority to schedule an appointment for the reexamination.* The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs. ~~, giving them~~

At the annual reexamination the family will be given the option of selecting either the flat rent or income method, and scheduling an appointment if they are currently paying an income rent. If the family thinks they

may want to switch from a flat rent to an income rent, they should request an appointment. At the appointment, the family can make their ~~final~~ decision regarding which rent method they will choose. ~~The letter also includes, for those families paying the income method, forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary.~~

During the appointment, the SCOTT COUNTY Housing Authority will determine whether family composition may require a transfer to a different bedroom size unit, and if so, the family's name will be placed on the transfer list.

15.2 Missed Appointments

If the family fails to respond to the letter ~~and~~ *or* fails to attend the interview, a second letter will be mailed. The second letter will advise of a new time and date for the interview, allowing for the same considerations for rescheduling and accommodation as above. The letter will also advise that failure by the family to attend the second scheduled interview will result in the SCOTT COUNTY Housing Authority ~~taking eviction actions against the family~~ *terminating the family's tenancy*.

15.3 Flat Rents

[verbiage change in final paragraph only:]

Each year prior to their anniversary date, SCOTT COUNTY Housing Authority will send a reexamination letter to the family. ~~offering~~ *The family will be offered* the choice between a flat rent or an income rent. The opportunity to select the flat rent is available only at this time. At the appointment, the SCOTT COUNTY Housing Authority may assist the family in identifying the rent method that would be most advantageous for the family. If the family wishes to select the flat rent method without meeting with the SCOTT COUNTY Housing Authority representative, they may make the selection on the form and return the form to the SCOTT COUNTY Housing Authority. In such case, the SCOTT COUNTY Housing Authority will cancel the appointment and solely verify the family size and whether it is in an appropriate size unit.

15.4 The Income Method

During the *reexamination* interview, the family will provide all information regarding income, assets, deductions (eligible expenses), and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon receipt of verification, the SCOTT COUNTY Housing Authority will determine the family's annual income and will calculate their rent as follows.

The total tenant payment is equal to the highest of:

- A. 10% of the family's monthly income;
- B. 30% of the family's adjusted monthly income;
- C. The welfare rent; or
- D. The minimum rent *of \$50*.

The family shall be informed of the results of the rent calculation under both the Income Method and the

Flat Rent and given their choice of which rent to pay.

15.7 *Special Reexaminations*

If a family's income is too unstable to project for twelve (12) months, including families that temporarily have no income (0 renters) or have a temporary decrease in income, the SCOTT COUNTY Housing Authority may schedule special reexaminations every sixty (60) calendar days until the income stabilizes and an annual income can be determined.

If a family's rent amount is minimum, negative, or zero, the SCOTT COUNTY Housing Authority may schedule special reexaminations every sixty (60) calendar days until the income stabilizes.

15.8 *Effective Date of Rent Changes Due to Interim or Special Reexaminations*

[new language inserted in first paragraph only:]

Unless there is a delay in reexamination processing caused by the family *or third party*, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay, then the rent increase will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

15.9 *Housing Authority Mistakes In Calculating Rent*

If the SCOTT COUNTY Housing Authority makes a mistake in calculating a resident's rent contribution and overcharges the resident, the resident shall receive a refund for the amount of the mistake going back a maximum of 12 months. The refund shall be given to the resident as soon as practical or credited to the resident's account, whichever the resident desires unless the resident owes the Housing Authority money or has a history of late rent payments in which case the debt shall be offset to the degree possible before the resident chooses between the two refund methods.

16.0 UNIT TRANSFERS

16.4 *Incentive transfers RESERVED*

~~Transfer requests will be encouraged and approved for families who live in a development where their income category (below or above 30% of area median) predominates and wish to move to a development where their income category does not predominate.~~

~~Families living in multifamily developments have the opportunity to transfer to scattered site housing. Families approved for such transfers will meet the following eligibility criteria:~~

~~A. Have been a tenant for three years;~~

~~B. For a minimum of one year, at least one adult family member is enrolled in an economic self-sufficiency program or is working at least thirty five (35) hours per week, the adult family members are 62 years of age or older or are disabled or are the primary care givers to others with disabilities;~~

~~C. Adult members who are required to perform community service have been current in these responsibilities since the inception of the requirement or for one year whichever is less;~~

- ~~D. The family is current in the payment of all charges owed to the SCOTT COUNTY Housing Authority and has not paid late rent for at least one year;~~
- ~~E. The family passes a current housekeeping inspection and does not have any record of housekeeping problems during the last year;~~
- ~~F. The family has not materially violated the lease over the past two years by disturbing the peaceful enjoyment of their neighbors, by engaging in criminal or drug-related activity, or by threatening the health or safety of tenants or Housing Authority staff;~~
- ~~G. Participates in a series of classes conducted by the SCOTT COUNTY Housing Authority on basic home and yard care.~~

16.5 Processing Transfers

Transfers on the waiting list will be sorted by the above categories (*see section 16.2*) and within each category by date and time.

Transfers in category A and B will be housed ahead of any other families, including those on the applicant waiting list. Transfers in category A will be housed ahead of transfers in category B.

Transfers in category C will be housed along with applicants for admission. ~~at a ratio of one transfer for every seven (7) admissions.~~

Upon offer and acceptance of a unit, the family will execute all lease up documents and pay any rent and/or security deposit within two (2) business days of being informed the unit is ready to rent. The family will be allowed seven (7) calendar days to complete a transfer. The family will be responsible for paying rent at the old unit as well as the new unit for any period of time they have possession of both. The prorated rent and other charges (key deposit and any additional security deposit owing) must be paid at the time of lease execution.

The following is the policy for the rejection of an offer to transfer:

- A. If the family rejects with good cause any unit offered, they will not lose their place on the transfer waiting list.
- B. If the transfer is being made at the request of the SCOTT COUNTY Housing Authority and the family rejects ~~two offers~~ *the offer* without good cause, the SCOTT COUNTY Housing Authority will take action to terminate their tenancy. If the reason for the transfer is that the current unit is too small to meet the SCOTT COUNTY Housing Authority's optimum occupancy standards, the family may request in writing to stay in the unit without being transferred so long as their occupancy will not exceed two people per living/sleeping room.
- ~~C. If the transfer is being made at the family's request and the rejected offer provides deconcentration incentives, the family will maintain their place on the transfer list and will not otherwise be penalized.~~
- ~~D.C.~~ If the transfer is being made at the family's request; *and* the family ~~may~~, without good cause *and without penalty*, turns down ~~one the offer that does not include deconcentration incentives. After turning down a second such offer without good cause,~~ the family's name will be removed from the transfer list.

17.0 INSPECTIONS

~~An authorized representative of the SCOTT COUNTY Housing Authority and an adult family member will inspect the premises prior to commencement of occupancy. A written statement of the condition of the premises will be made, all equipment will be provided, and the statement will be signed by both parties with a copy retained in the SCOTT COUNTY Housing Authority file and a copy given to the family member. An authorized SCOTT COUNTY Housing Authority representative will inspect the premises at the time the resident vacates and will furnish a statement of any charges to be made provided the resident turns in the proper notice under State law. The resident's security deposit can be used to offset against any SCOTT COUNTY Housing Authority damages to the unit.~~

[the following two paragraphs replace the entire introductory paragraph above, as well as sections 17.6 and 17.7]

The SCOTT COUNTY Housing Authority shall, upon reasonable advance notification to the tenant, be permitted to enter the dwelling unit during reasonable hours for the purpose of performing routine inspections and maintenance, for making improvements or repairs, or to show the dwelling unit for re-leasing. A written statement specifying the purpose of the entry delivered to the dwelling unit at least two days before entry shall be considered reasonable advance notification.

A representative or agent of the Housing Authority may enter the dwelling unit at any time without advance notification when there is reasonable cause to believe that an emergency exists. If the tenant and all adult members of the household are absent from the dwelling unit at the time of entry, the Housing Authority shall leave in the dwelling unit a written statement specifying the date, time and purpose of entry prior to leaving the dwelling unit.

17.3 Preventative Maintenance Inspections

This is generally conducted ~~along with~~ *monthly, in addition to* the annual inspection. This inspection is intended to keep items in good repair. It checks weatherization; checks the condition of the smoke detectors, water heaters, furnaces, automatic thermostats and water temperatures; checks for leaks; and provides an opportunity to change furnace filters, *add water softener salt* and provide other minor servicing that extends the life of the unit and its equipment.

17.5 Housekeeping Inspections

Generally, ~~at the time of annual reexamination, or at other times~~ as necessary, the SCOTT COUNTY Housing Authority will conduct a housekeeping inspection to ensure the family is maintaining the unit in a safe and sanitary condition.

~~17.6 Notice of inspection~~

~~For inspections defined as annual inspections, preventative maintenance inspections, special inspections, and housekeeping inspections, the SCOTT COUNTY Housing Authority will give the tenant at least two (2) calendar days written notice.~~

~~17.7 Emergency Inspections~~

~~If any employee and/or agent of the SCOTT COUNTY Housing Authority has reason to believe that an emergency exists within the housing unit, the unit can be entered without notice. The person(s) that enters~~

~~the unit will leave a written notice to the resident that indicates the date and time the unit was entered and the reason why it was necessary to enter the unit.~~

17.87 Premove -out Inspections [renumbered to reflect deletion of 17.6 and 17.7]

When a tenant gives notice that they intend to move, the SCOTT COUNTY Housing Authority will ~~offer to~~ schedule a pre-move-out inspection with the family. The inspection allows the SCOTT COUNTY Housing Authority to help the family identify any problems which, if left uncorrected, could lead to vacate charges. This inspection is a courtesy to the family and has been found to be helpful both in reducing costs to the family and in enabling the SCOTT COUNTY Housing Authority to ready units more quickly for the future occupants.

17.98 Move-out Inspections [renumbered to reflect deletion of 17.6 and 17.7]

18.0 PET POLICY

18.6 Pet Deposit

A pet deposit of ~~\$300~~ **\$250.00** is required at the time of registering a pet. The deposit is refundable when the pet or the family vacates the unit, less any amounts owed due to damage ~~beyond normal wear and tear caused by the pet.~~ ~~A separate deposit is required for each pet.~~

18.11 Visiting Pets

Pets that meet the size and type criteria outlined above may visit the projects/buildings where pets are allowed for up to two weeks ~~without~~ **with prior written** SCOTT COUNTY Housing Authority approval. Tenants who have visiting pets must abide by the conditions of this policy regarding health, sanitation, nuisances, and peaceful enjoyment of others. If visiting pets violate this policy or cause the tenant to violate the lease, the tenant will be required to remove the visiting pet.

19.0 REPAYMENT AGREEMENTS

When a resident owes the SCOTT COUNTY Housing Authority back charges(~~excluding rent amounts~~) and is unable to pay the balance by the due date, the resident may request that the SCOTT COUNTY Housing Authority allow them to enter into a Repayment Agreement. The SCOTT COUNTY Housing Authority has the sole discretion of whether to accept such an agreement. All Repayment Agreements must assure that the full payment is made within a period not to exceed twelve (12) months. All Repayment Agreements must be in writing and signed by both parties. Failure to comply with the Repayment Agreement terms may ~~subject the resident to eviction procedures~~ **result in termination of tenancy.**

20.0 TERMINATION

20.1 Termination By Tenant

The tenant may terminate the lease at any time ~~after the initial 12-month lease period~~ **plus-one** day written notice. If the tenant vacates prior to the end of the thirty (30) calendar days, they will be responsible for rent through the end of the notice period or until the unit is re-rented, whichever occurs first.

20.2 Termination By the Housing Authority

~~Twelve months after the The SCOTT COUNTY Housing Authority has implemented the mandated Community Service Requirement, it will not renew the lease of any non exempt family that is not in compliance with the Community Service Requirement or approved Agreement to Cure. If they do not voluntarily leave the property, eviction proceedings will begin.~~

The SCOTT COUNTY Housing Authority will terminate the lease for serious or repeated violations of material lease terms. Such violations include, but are not limited to, the following:

- A. Nonpayment of rent or other charges;
- B. ~~A history of late rental payments~~ *Three (3) consecutive late rent payments;*
- C. Failure to provide timely and accurate information regarding family composition, income circumstances, or other information related to eligibility or rent;
- D. Failure to allow inspection of the unit;
- E. Failure to maintain the unit in a safe and sanitary manner;
- F. Assignment or subletting of the premises;
- G. Use of the premises for purposes other than as a dwelling unit (other than for housing authority approved resident businesses);
- H. Destruction of property;
- I. Acts of destruction, defacement, or removal of any part of the premises or failure to cause guests to refrain from such acts;
- J. Any violent or drug-related ~~criminal~~ *illegal* activity on or off the premises, not just on or near the premises. This includes any tenant, member of the tenant's household or guest, and any such activity engaged in on the premises by any other person under the tenant's control. This includes but is not limited to the manufacture of methamphetamine on the premises of the SCOTT COUNTY Housing Authority or on the premises of any other federally assisted housing;
- K. Non-compliance with Non-Citizen Rule requirements;
- L. Permitting persons not on the lease to reside in the unit more than fourteen (14) calendar days each year without the prior written approval of the Housing Authority;
- M. Any activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or employees of the Authority by the resident, household members, or guests of the resident or threatens the health, safety, or right to peaceful enjoyment of their residences by persons residing in the immediate vicinity of the premises is grounds for termination of tenancy;
- N. Alcohol abuse that the SCOTT COUNTY Housing Authority determines interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;

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- O. Failure to perform required community service or be exempted therefrom;
- P. The SCOTT COUNTY Housing Authority will take immediate action to evict any household that includes an individual who is subject to a lifetime registration requirement under a State sex offender registration program;
- ~~Q. Determination that a household member is illegally using a drug or when the SCOTT COUNTY Housing Authority determines that a pattern of illegal use of a drug interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;~~
- R-Q. Criminal activity as shown by a criminal record. In such cases the SCOTT COUNTY Housing Authority will notify the household of the proposed action to be based on the information and will provide the subject of the record and the tenant with a copy of the criminal record before the SCOTT COUNTY Housing Authority grievance hearing or court trial concerning the termination of tenancy or eviction. The tenant will be given an opportunity to dispute the accuracy and relevance of that record in the grievance hearing or court trial; and
- S-R. Other good cause.

SCOTT COUNTY Housing Authority will actively enforce the “one-strike-you’re-out” policy which allows the Housing Authority to evict and refuse to house people and their friends, guests and relatives having suspected involvement in illegal and drug related activity on or off the property, even if the suspect was not arrested, the charges were dropped, or there were no charges filed. Each adult household member will be required to sign a “Crime-Free/Drug-Free Lease Addendum” prior to move in and at each yearly recertification.

If SCOTT COUNTY Housing Authority terminates the lease, written notice will be given as follows:

- A. At least fourteen (14) days prior to termination in the case of failure to pay rent;*
- B. A reasonable time prior to termination commensurate with the urgency of the situation in the case of creation or maintenance of a threat to the health or safety of other tenants or SCOTT COUNTY Housing Authority employees or the safety of the premises, or in the case of any drug activity;*
- C. At least thirty (30) days prior to termination in all other cases.*

If an individual or family’s lease is terminated for criminal activity, the SCOTT COUNTY Housing Authority will notify the local post office serving the development that the individual or family no longer lives there.

~~In deciding to terminate a tenancy for criminal activity or alcohol abuse, the SCOTT COUNTY Housing Authority will consider circumstances relevant to the particular case such as the seriousness of the offending action, the extent of participation by the leaseholder in the offending action, the effects that the eviction would have on family members not involved in the offending activity, and the extent to which the leaseholder has shown personal responsibility and has taken all reasonable steps to prevent or mitigate the offending action.~~

In the event a tenant refuses to move and pursues legal action against the SCOTT COUNTY Housing Authority contesting lease termination by the Authority, the SCOTT COUNTY Housing Authority has the right to charge the tenant for any and all court costs and attorney fees associated with any legal action in

which the Housing Authority prevails.

20.5 *Return of Security Deposit*

~~After a family moves out, the SCOTT COUNTY Housing Authority will return the security deposit *minus* charges for cleaning, damage to the unit, and/or any other fees owing under the lease within twenty one (21) calendar days or give the family a written statement of why all or part of the security deposit is being kept. The rental unit must be restored to the same conditions as when the family moved in, except for normal wear and tear. Deposits will not be used to cover normal wear and tear or damage that existed when the family moved in.~~

~~If State law requires the payment of interest on security deposits, it shall be complied with.~~

~~Within three weeks after termination of the tenancy and after receipt of the tenant's mailing address or delivery instructions, the SCOTT COUNTY Housing Authority shall return the security deposit to the tenant, with interest thereon as provided by State law, or furnish to the tenant a written statement showing the specific reason for the withholding of the security deposit or any portion thereof. The Housing Authority may withhold from the security deposit any amounts permitted by State law.~~

The SCOTT COUNTY Housing Authority will be considered in compliance with the above if the required payment, statement, or both, are deposited in the U.S. mail with first class postage paid within twenty-one (21) calendar days.

22.0 PUBLIC HOUSING GRIEVANCE PROCEDURE

22.2 *Definitions*

For the purpose of this Grievance Procedure, the following definitions are applicable:

- A. **"Grievance"** shall mean any dispute which a resident may have with respect to the SCOTT COUNTY Housing Authority's action or failure to act in accordance with the individual resident's lease or Authority regulations which adversely affect the individual resident's rights, duties, welfare or status. Grievance does not include any dispute a resident may have with the Authority concerning a termination of tenancy or eviction that involves any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the Authority's public housing premises by other residents or employees of the Authority; or any violent or any drug-related ~~criminal~~ *illegal* activity on or near such premises. Nor shall this process apply to disputes between residents not involving the SCOTT COUNTY Housing Authority or to class grievances.
- B. **"Complainant"** shall mean any resident whose grievance is presented to the SCOTT COUNTY Housing Authority or at the development management office ~~in accordance with sections 3.0 and 4.0 of this procedure.~~
- D. **"Hearing Officer"** shall mean a person selected ~~in accordance with section 4.0 of these procedures~~ to hear grievances and render a decision with respect thereto.
- G. **"Promptly"** ~~(as used in section 3.0, and 4.0 (D))~~, shall mean within the time period indicated in a notice from SCOTT COUNTY Housing Authority of a proposed action which would provide the basis for a grievance if the resident has received a notice of a proposed action from the agency.

GLOSSARY

~~**Ceiling Rent:** Maximum rent allowed for some units in public housing developments under the income method of calculating rent.~~

Currently engaging in: With respect to behavior such as illegal use of a drug, other drug-related ~~criminal~~ *illegal* activity, or other criminal activity, currently engaging in means that the individual has engaged in the behavior recently enough to justify a reasonable belief that the individual's behavior is current.

Drug-Related ~~Criminal~~ *Illegal* Activity: The illegal manufacture, sale, distribution, *purchase* or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute or use the drug *or possession of drug paraphernalia*.

~~(INSERT IF YOU HAVE AN EMPLOYMENT ADMISSION PREFERENCE) **Employment:** Employment for admission preference purposes is defined as:~~

~~Employment must be current and have lasted a minimum of XXX calendar days prior to the time the preference is claimed. The employment must provide a minimum of XXX hours of work per week for the family member claiming the preference~~

~~OR~~

~~Employment must have been held continuously for a minimum of XXX (XXX) months within the twelve (12) month period prior to the time the preference is claimed and if not current the employment was terminated solely due to an involuntary layoff of the employee by the employer.—~~

~~The amount of earned income shall not be a factor in granting this preference.~~

~~The employment part of this preference is also extended equally to (1) a family if the head, spouse, or sole member is 62 years of age or older or who is receiving social security or Supplemental Security Income disability benefits or any other payments based on the individual's inability to work and, (2) any family whose head, spouse, co-head or unrelated partner of head of household is currently a full time student or enrolled in an employment training program.—~~

~~**Routine Maintenance Charge:** A type of charge that is the tenant's responsibility to pay for when a repair is made due to their negligence or misuse.~~

~~**Single Person:** Someone living alone or intending to live alone who does not qualify as an elderly family, a person with disabilities, a displaced person, or the remaining member of a tenant family. (Public Housing: Handbook 7465.1 REV 2, 3-5)~~

Utility Reimbursement *Payment (URP)*: The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total tenant payment for the family occupying the unit. (24 CFR 5.603)

~~(INSERT IF YOU HAVE A DOMESTIC VIOLENCE ADMISSION PREFERENCE) **Victims of Domestic Violence:** Individuals or families who have been or are being subjected to or victimized by violence by a member of the family or household. The SCOTT COUNTY Housing Authority will require evidence that the family has been displaced as result of fleeing violence in the home. Individuals and families are also eligible for this preference if there is proof that the individual or family is currently living in a situation where they are being subjected to or victimized by violence in the home. Evidence or proof may include a Protection from Abuse Order, police report, or written verification that the individual or family is living in an emergency shelter because the individual or family has been subjected to or victimized by violence by a member of the family or household. The following criteria are used to establish an individual's or a family's eligibility for this preference:~~

~~A.—Verified actual or threatened physical violence directed against the applicant or the applicant's family by a~~

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~~spouse or other household member who lives in the unit with the family or where the family has fled its housing to escape from an abuser.~~

~~B. The actual or threatened violence must have occurred within the past 30 calendar days or be of a continuing nature.~~

~~An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced as a result of domestic violence.~~

~~The applicant must certify that the abuser will not reside with the applicant unless the Housing Authority gives prior written approval.~~

~~The Housing Authority will approve the return of the abuser to the household under the following conditions:~~

~~A. The Housing Authority verifies that the abuser has received therapy or counseling that appears to minimize the likelihood of the recurrence of violent behavior.~~

~~B. A counselor, therapist or other appropriate professional recommends in writing that the individual be allowed to reside with the family.~~

~~If the abuser returns to the family without approval of the Housing Authority, the Housing Authority will deny or terminate assistance for breach of the certification.~~

~~If the family requests it, the SCOTT COUNTY Housing Authority will try to ensure that the new location of the family is concealed.~~

ACRONYMS

URP Utility Reimbursement Payment

COVER

Revision Date Noted

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Updated

2.0 SCOTT COUNTY HOUSING AUTHORITY/OWNER RESPONSIBILITY/ OBLIGATION OF THE FAMILY

2.1 SCOTT COUNTY Housing Authority Responsibilities

B. In administering the program, the SCOTT COUNTY Housing Authority will:

22. Administer an FSS program ~~(if applicable)~~.

2.3 Obligations of the Participant

H. Absence from the Unit

[New paragraph added at end of section]

Imprisonment of any household member is not an authorized absence and is subject to SCOTT COUNTY Housing Authority review and determination of action, and may result in termination of assistance. The family shall immediately notify the SCOTT COUNTY Housing Authority of any pending or immediate imprisonment including but not limited to the specific reason for imprisonment and the length of sentence. Imprisonment of an adult household member beyond thirty (30) days, which would leave no other adult member in the current household to care for minor children residing in the rental unit, will result in the termination of assistance.

3.0 ELIGIBILITY FOR ADMISSION

3.2 Eligibility Criteria

F. Suitability for tenancy

[changes to final two paragraphs only:]

In addition, if an owner submits a request to the SCOTT COUNTY Housing Authority for criminal records concerning an adult member of an applicant or resident household, signed consent forms, and the owner's standards for prohibiting admission, the SCOTT COUNTY Housing Authority must request the criminal conviction records from the appropriate law enforcement agency or agencies, as determined by the Housing Authority. If the SCOTT COUNTY Housing Authority receives criminal conviction records requested by an owner, the SCOTT COUNTY Housing Authority must determine whether criminal action by a household member, as shown by such criminal conviction records, may be a basis for applicant screening, lease enforcement or eviction, as

applicable in accordance with HUD regulations and the owner's criteria. The SCOTT COUNTY Housing Authority must notify the owner whether the Housing Authority has received criminal conviction records concerning the household member, and of its determination whether such criminal conviction records may be a basis for applicant screening, lease enforcement or eviction. However, the PHA must not disclose the household member's criminal conviction record or the content of that record to the owner, but merely the fact of whether or not they comply with HUD regulations and the owner's criteria. The SCOTT COUNTY Housing Authority will charge owners a fee of ~~\$\$\$~~ \$30.00 for this service.

The same service shall be available to owners of federally assisted housing in their attempt to determine if an applicant is on the state sex offender list upon the request of the owner. Once again, the information itself will not be disclosed to the owner; the SCOTT COUNTY Housing Authority will merely apply the criteria the owner establishes. The fee for this service shall be ~~\$\$\$~~ \$30.00.

4.0 MANAGING THE WAITING LIST

4.2 Taking Applications

[change in 4th paragraph only:]

Applications may be made in person Monday – Friday from 8:00 AM to 4:30 PM. ~~Applications will be mailed to interested families upon request.~~

4.6 Purging the Waiting List

[change in 2nd paragraph only:]

The purge shall consist of the SCOTT COUNTY Housing Authority mailing via first class mail a form to be completed by the person on the waiting list and returned to the housing authority within a specified number of calendar days. If the envelope is returned as undeliverable or if no response is received from the applicant within the specified time frame, the applicant shall be stricken from the waiting list. If the envelope is returned with a forwarding address on it, the housing authority shall ~~re~~mail the form *one time only* to the new address, with a new deadline for response.

6.0 ASSIGNMENT OF BEDROOM SIZES (SUBSIDY STANDARDS)

6.4 Term of the housing choice Voucher

[change in 1st paragraph only:]

The initial term of the voucher will be ~~120~~ 60 calendar days and will be stated on the Housing Choice Voucher.

6.5 APPROVAL TO LEASE A UNIT

[new paragraph inserted in second "D" of section]

- D. The Housing Authority approves the leasing of the unit.

The Housing Authority will prepare the contract when the unit is approved for tenancy. Generally, the landlord, simultaneously with the signing of the lease and the HUD required tenancy addendum, will execute the contract. Upon receipt of the executed lease and the signed contract by the landlord, the Housing Authority will execute the contract. The Housing Authority will not pay any housing assistance to the owner until the contract is executed. The initial date of all Housing Assistance Payments (HAP) Contracts must be the first of the month.

If the unit does not pass the HQS inspection by the first day of the month, the Housing Authority will pro-rate the Housing Assistance Payment to the landlord until the unit does pass inspection. The HAP Contract will then begin on the date the unit passes inspection, and the lease date must be adjusted to match the initial date on the HAP contract.

In no case will the contract be executed later than 60 calendar days after the beginning of the lease term. Any contract executed after the 60-day period will be void and the Housing Authority will not pay housing assistance to the owner.

7.0 MOVES WITH CONTINUED ASSISTANCE

7.1 When a Family May Move

[addition of item "D":]

For families already participating in the Housing Choice Voucher Program, the SCOTT COUNTY Housing Authority will allow the family to move to a new unit if:

- A. The assisted lease for the old unit has terminated;
- B. The owner has given the resident a notice to vacate, has commenced an action to evict the family, or has obtained a court judgment or other process allowing the owner to evict the participant; ~~or~~
- C. The participant has given notice of lease termination (if the participant has a right to terminate the lease on notice to the owner)-; *or*
- D. If the SCOTT COUNTY Housing Authority has sufficient funding for continued assistance.*

8.0 PORTABILITY

8.4 Portability Procedures

[insert new paragraph 2:]

- B. When the SCOTT COUNTY Housing Authority is the Receiving Housing Authority:

1. [no change in content]
2. *Suitability for tenancy: The SCOTT COUNTY Housing Authority will conduct criminal background checks on all adult household members, including live-in aides, porting into the Housing Authority's jurisdiction. Criminal background checks will be conducted during the initial briefing process and in accordance with Section 3.2(F).*

[with insertion of new (B)(2) above, existing 2-7 renumbered as 3-8 with no change in content]

9.0 DETERMINATION OF FAMILY INCOME

9.3 Exclusions from Income

H. The amounts received from the following programs:

13. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits.

[addition of paragraph "t":]

- r. Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602); ~~and~~
- s. Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931); ~~and~~
- t. *The \$600 transitional assistance subsidy, for applicants and tenants enrolled in the Medicare transitional assistance program, effective the date of receiving the benefits and any negotiated drug discounts received pursuant to the Medicare prescription drug discount card.*

9.4 DEDUCTIONS FROM ANNUAL INCOME

E. The sum of the following, to the extent the sum exceeds three percent of annual income:

[addition of paragraph "3":]

2. Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed, but this allowance may not exceed the earned income received by family members who are 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus; ~~and~~

3. *The Medicare assistance provided for the cost of drugs pursuant to prescription drug discount cards, negotiated price, or transitional assistance subsidies.*

9.5 *Receipt of a letter or notice from hud concerning income*

- B. The ~~INSERT TITLE OF PHA OFFICIAL~~ *SCOTT COUNTY Housing Authority* shall reconcile any difference between the amount reported by the participant and the amount listed in the HUD communication. This shall be done as promptly as possible.

10.0 VERIFICATION

10.1 *Acceptable Methods of Verification*

Age, relationship, U.S. citizenship, and Social Security Numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or, for citizenship documentation, such as listed below will be required.) Verification of these items will include photocopies of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by *the following five verification methods acceptable to HUD, in the order of preference indicated:*

1. *Up-front Income Verifications (UIV)*

UIV is the verification of income through an independent source that systematically maintains income information in computerized form for a large number of individuals.

Current UIV resources include the following:

- a. *Tenant Assessment Subsystem (TASS) – HUD's online system for Social Security (SS) and Supplemental Security Income (SSI) information*
- b. *State Wage Information Collection Agencies (SWICAs)*
- c. *State systems for the Temporary Assistance for Needy Families (TANF) program*
- d. *Credit Bureau Information (CBA) credit reports*
- e. *Internal Revenue Service (IRS) Letter 1722*
- f. *Private sector databases (e.g. The Work Number)*

The SCOTT COUNTY Housing Authority will use additional UIV resources as they become available.

It is important to note that UIV data will only be used to verify an applicant or participant's eligibility for participation in a rental assistance program and to determine the level of assistance the participant is entitled to receive and only by properly trained persons whose duties require access to this information. Any other use, unless approved by the HUD Headquarters UIV Security System Administrator, is specifically prohibited and will not occur.

No adverse action can be taken against a participant until the SCOTT COUNTY Housing Authority has independently verified the UIV information and the participant has been granted an opportunity to contest any adverse findings through the established grievance procedure.

Furthermore, the information the SCOTT COUNTY Housing Authority derives from the UIV system will be protected to ensure that it is utilized solely for official purposes and not disclosed in any way that would violate the privacy of the affected individuals.

Once the data has served its purpose, it shall be destroyed by either burning or shredding the data.

2. Third Party *Written* Verifications

This type of verification includes written documentation, ~~(with forms sent directly to and received directly from a source, not passed through the hands of the family).~~ ~~This verification may also be direct contact with the source, in person or by telephone.~~ It may also be a report generated ~~by a request from the SCOTT COUNTY Housing Authority or~~ automatically by another government agency, i.e., ~~the Social Security Administration Department of Welfare, Veterans Administration, etc.~~ Verification forms and reports received will be contained in the applicant/participant file. ~~Oral third party documentation will include the same information as if the documentation had been written, i.e., name date of contact, amount received, etc.~~

~~When third party verification cannot be obtained, the SCOTT COUNTY Housing Authority will accept documentation received from the applicant/participant. Hand-carried documentation will be accepted if the SCOTT COUNTY Housing Authority has been unable to obtain third party verification in a four week period of time. Photocopies of the documents provided by the family will be maintained in the file.~~

~~When neither third party verification nor hand-carried verification can be obtained, the SCOTT COUNTY Housing Authority will accept a notarized statement signed by the head, spouse or co-head. Such documents will be maintained in the file.~~

Third-party written verifications may also be used to supplement Up-front Income Verifications.

Third-party verification of SS and SSI benefits shall be obtained from HUD's on-line system (Tenant Assessment Subsystem – TASS). If TASS is not available or not current, then verification shall be obtained directly from the SSA. If either of these forms is not obtainable, then the file shall be documented as to why third party verification was not used.

The SCOTT COUNTY Housing Authority will allow four (4) weeks for the return of

third-party written verifications prior to continuing on to the next type of verification.

3. Third-Party Oral Verifications

This type of verification includes direct contact with the source, in person or by telephone. When this method is used, staff members will be required to document in writing with whom they spoke, the date of the conversation and the facts obtained.

The SCOTT COUNTY Housing Authority will allow five (5) business days for the return of third party oral verifications prior to continuing on to the next type of verification.

4. Review of Documents

When UIV, written and oral third party verifications are not available within the four (4) weeks and five (5) business days period allowed in paragraphs 2 and 3 above, the Housing Authority will use the information received by the family, provided that the documents provide complete information. Photocopies of the documents, excluding government checks, provided by the family will be maintained in the file. In cases in which documents are viewed and cannot be photocopies, staff reviewing the documents will complete a written statement as to the contents of the document(s).

5. Self-Certification and Self-Declaration

When UIV, written and oral third party verifications are not available within the four (4) weeks and five (5) business days period allowing in paragraphs 2 and 3 above, and hand-carried verification cannot be obtained, the Housing Authority will accept a statement detailing information needed, signed by the head, spouse, co-head, or other adult family member.

Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name, date of contact, amount received, etc.

When any verification method other than Up-front Income Verification is utilized, the SCOTT COUNTY Housing Authority will document the reason for the choice of the verification methodology in the applicant/resident's file.

11.0 RENT AND HOUSING ASSISTANCE PAYMENT

11.5 ASSISTANCE AND RENT FORMULAS

B. Minimum Rent.

[change in 1st sentence of 1st paragraph only:]

The SCOTT COUNTY Housing Authority has set the minimum rent as ~~\$\$\$~~ \$50.00. However, if the family requests a hardship exemption, ...

11.6 Utility allowance

[change in last paragraph only:]

The utility allowance will be subtracted from the family's share to determine the amount of the Tenant Rent. The Tenant Rent is the amount the family owes each month to the owner. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the allowance is the responsibility of the participant. Any savings resulting from utility costs below the amount of the allowance belong to the participant. ~~In the alternative you can change this paragraph to provide for you paying the utility allowance directly to the utility companies as long as you notify the family of the amount paid to the utility supplier]~~

12.0 INSPECTION POLICIES, HOUSING QUALITY STANDARDS, AND DAMAGE CLAIMS

12.5 Exceptions to the HQS Acceptability Criteria

[addition of paragraphs "E" "F" and "G":]

- C. Handrails having minimum and maximum heights of 34 inches and 38 inches, respectively, measured vertically from the nosing of the treads, shall be provided on at least one side of the stairways. Handrails adjacent to a wall shall have a space of not less than 1.5 inches between the wall and the handrail. Required vertical railing (balusters) on open sides of stairways, raised floor areas, balconies, and porches shall have a spacing of not more than 4 inches between each vertical rail. (Codes will vary depending on the year the housing was built.)*
- D. A minimum clearance area of 30 inches is required in front of a heater/furnace to allow for access to the front panel.*
- E. In the event that mold is observed in the rental unit, the HQS Inspector will note the item as "pass with comment" and notify the landlord in writing of the finding. The landlord will be given up to 30 calendar days to address/correct the mold issue. The HQS Inspector will follow up with a re-inspection to verify that the area containing mold was properly cleaned and addressed in accordance with HUD Regulations and/or local codes.*

14.0 RECERTIFICATION

14.2 Interim Reexaminations

[change in 2nd paragraph only:]

Families will not be required to report any increase in income or decreases in allowable expenses between annual reexaminations unless the income increase **exceeds \$1,000–\$500.00** gross monthly income or the additional income is due to the addition of an adult household member, or the most recent certification was based on a report of zero or unrealistic income. Unrealistic income is defined as 10% of the very low income limit, on a monthly basis, for the household size.

14.3 HOUSING AUTHORITY MISTAKES IN CALCULATING RENT

If the SCOTT COUNTY Housing Authority makes a mistake in calculating a resident's rent contribution and overcharges the resident, the resident shall receive a refund for the amount of the mistake going back a maximum of 12 months. The refund shall be given to the resident as soon as practical or credited to the resident's account, whichever the resident desires unless the resident owes the Housing Authority money in which case the debt will be offset to the degree possible before the resident chooses between the two refund methods.

15.0 TERMINATION OF ASSISTANCE TO THE FAMILY BY THE SCOTT COUNTY HOUSING AUTHORITY

The SCOTT COUNTY Housing Authority may at any time terminate program assistance for a participant because of any of the following actions or inactions by the household:

[insert new paragraphs "C" and "M":]

- C. If a family receives two (2) notices to vacate within a 12-month period, due to actions/inactions by any household member that interferes with the health, safety or right to peaceful enjoyment of the premises by other residents, and that leads to the mutual termination of the lease;*
- M. Imprisonment of an adult household member beyond 30 days, leaving no other adult member in the current household to care for minor children residing in the rental unit;*

[with insertion of new paragraphs, clauses C-K become D-L and clauses L-S become N-U]

GLOSSARY

[DELETIONS:]

~~Employment (as a preference)~~
~~Victims of Domestic Violence (as a preference)~~

[CLARIFICATION:]

Temporarily absent: A person or persons not actually residing in a unit for a period of time while still maintaining control of the unit. If the absence exceeds ~~XXX (XXX) calendar days, the Housing Authority must agree to the absence~~ *thirty (30) days, the family must request prior permission from the SCOTT COUNTY HRA. (See Section 2.3(H), Absence from the Unit)*

COVER

revision date noted

TABLE OF CONTENTS

amended to reflect insertion of new section at #8 and renumbering of sections that follow

1) INTRODUCTION

No change as to content.

2) INITIAL DEMOGRAPHICS

No change as to content.

3) NUMBER OF PARTICIPATING FAMILIES

[new sentence added to end of first paragraph]

Size limit for the FSS Program will be maintained at no more than 30 participants for the Section 8 Program and 20 for the Public Housing Program.

4) PARTICIPANT SELECTION

No change as to content.

5) OUTREACH EFFORTS

No change as to content.

6) ACTIVITIES AND SUPPORTIVE SERVICES

No change as to content.

7) CASE MANAGEMENT

No change as to content.

8) PARTICIPANT REQUIREMENTS [ENTIRELY NEW SECTION]

Family Self Sufficiency Program Participants will be required to meet with the FSS Coordinator at least two times per year. One of these meetings may be at their annual recertification appointment for their housing assistance. The other meeting will be scheduled six months from the first meeting. During these meetings, participants will discuss work done towards meeting their goals and their strategy for moving toward goal completion. If progress towards goal completion is not seen by the FSS Coordinator, the participant will have six months to meet an agreed upon goal. After six months, progress must be shown or termination from the FSS Program may occur.

Participants will also be sent a Quarterly Review Form every 3 months. This will give the participant an opportunity to communicate to the FSS Coordinator their progress and any problems they may be experiencing. This requirement, along with meeting with the FSS Coordinator two times per year, is mandatory for FSS Program participation and failure to do so may lead to termination from the FSS Program.

9) ESCROW ACCOUNTS

Renumbered (formerly section #8), but no change as to content.

10) TERMINATION FROM THE FSS PROGRAM

Renumbered (formerly section #9), but no change as to content.

SCOTT COUNTY HOUSING AND REDEVELOPMENT AUTHORITY

RESOLUTION NO. 38-04

**Authorizing Approval and Submission of the
Scott County Housing and Redevelopment Authority's
Streamlined 5-Year Plan for Fiscal Years 2005-2009 and
Streamlined Annual Plan for Fiscal Year 2005
Developed in Compliance with PHA Plan Regulations 24 CFR Part 903**

WHEREAS, the Scott County Housing and Redevelopment Authority ("Authority") has developed its 5-Year Plan for Fiscal Years 2005-2009 and Annual Plan for Fiscal Year 2005 ("Plan") in compliance with PHA Plan Regulations 24 CFR Part 903; and

WHEREAS, the Authority has made the Plan available for public inspection at least 45 days before submission, published a Notice of Public Hearing, and conducted a Public Hearing to discuss the plan and invited public comment; and

WHEREAS, during that time the Authority's Board of Commissioners and the general public was offered the opportunity to comment;

NOW, THEREFORE, BE IT RESOLVED that the Scott County Housing and Redevelopment Authority's Board of Commissioners hereby adopts the Streamlined 5-Year Plan for Fiscal Years 2005-2009 and Streamlined Annual Plan for Fiscal Year 2005 to include all comments from interested parties, which is attached hereto and made a part of this resolution, including the official notice of publication, and authorizes submission to the U.S. Department of Housing and Redevelopment (HUD).

BE IT FURTHER RESOLVED that the Scott County Housing and Redevelopment Authority Board of Commissioners hereby authorizes the Board Chair, Board Secretary and/or Executive Director to execute any documents necessary for the implementation of this Resolution, including but not limited to executing all required certifications prior to submission to the Department of Housing and Urban Development (HUD).

Adopted this 12th day of October, 2004.

M/ Victorey

S/ Sotis

/s/ Marjorie R. Henderson
Marjorie R. Henderson, Chair

/s/ Patti Sotis
Patti Sotis, Secretary

Croatt	<u>yes</u>
Henderson	<u>yes</u>
Sotis	<u>yes</u>
Victorey	<u>yes</u>
Zweber	<u>yes</u>